Manitoba Health

Manitoba Health Statistical Update on HIV/AIDS

1985 - June 2003

Communicable Disease Control Unit
Public Health

MANITOBA HEALTH STATISTICAL UPDATE ON HIV/AIDS
1985 TO June 2003

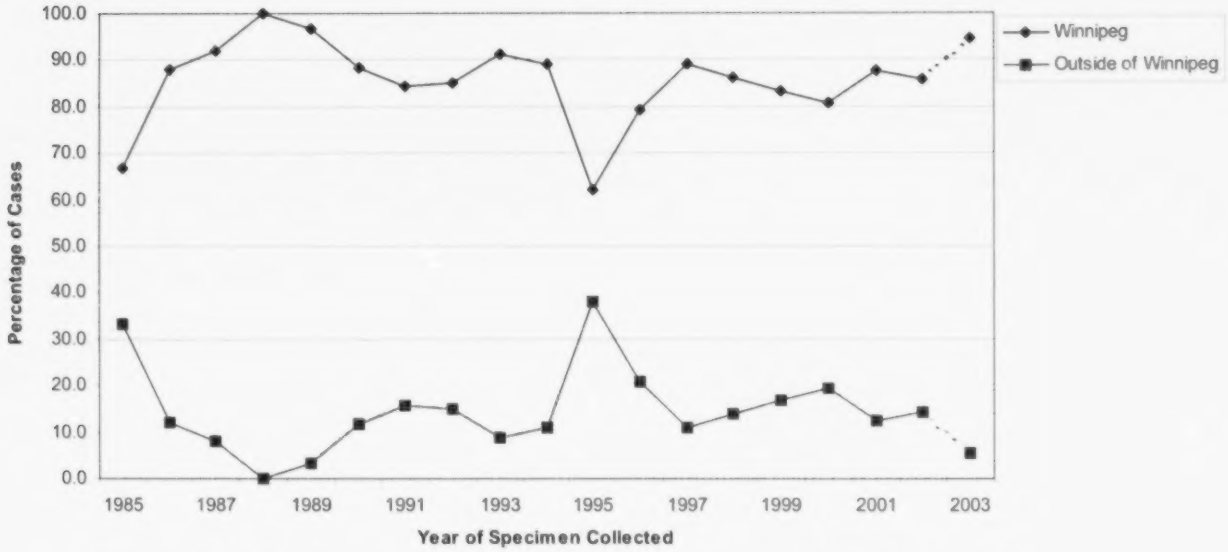
HIV – January 1, 1985 to June 30, 2003

Between January 1 and June 30, 2003, 42 newly diagnosed cases of HIV were reported in Manitoba; 26 males and 16 females, bringing the total number of cases to 1028 since 1985 (Table 1, attached report). While females represent 20% of all HIV cases reported since 1985, 8% of HIV positive individuals were accounted for by females between 1985 and 1994 as compared to 31% between 1995 and June 2003 (Table 1, attached report). The majority of all new cases, both male and female, were between the ages of 20 and 39 years (Figure 2, attached report). Particularly, there has been an increase in the number of females between the ages 20 and 49 years. Between 1985 and 2000, an average of 7 females tested positive while there were 20 and 24 identified in 2001 and 2002, respectively.

Between 1985 and June 2003, 83% (n=857) of all HIV cases reported (at the time of testing) were residents of Winnipeg, while 13% (n=133) of cases resided outside of Winnipeg (Figure 3, attached report). Of the total cases, 3% (n=29) of individuals were from out of province while less than 1% (n=9) of individuals reported missing or unknown geographic information.

With the exception of 2001, there has been a gradual but consistent increase in the percentage of cases residing outside of Winnipeg over recent years (see figure below). This observation has important implications regarding the availability of HIV prevention and education resources outside of the major urban centre. Further, this finding encourages health care providers to continue to offer HIV testing and counseling.

Percentage of HIV Positive Cases* by Region of Residence, Manitoba, January 1985 - June 2003



*Cases residing out-of-province or of unknown residence (at the time of testing) are excluded from the denominator.

Self-Reported Ethnicity

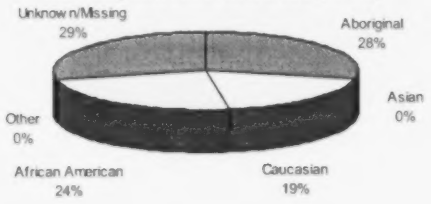
As presented in the charts below, 28% (12/42 cases) of newly diagnosed cases of HIV between January and June 2003 were self-reported as Aboriginal at the time of follow-up, while 24% (10/42 cases) were self-reported as African/African-American and 19% (8/42 cases) as Caucasian. These numbers increase to 40%, 33% and 27% respectively when cases with unknown or missing ethnicity are excluded (n=12) due to incomplete or missing *Notification of HIV Infection* forms. When these groups are further examined by mode of transmission, the most commonly reported category for Aboriginals includes IDU[1] (6/12 cases; 50%). For African/African-Americans, the most frequently self-reported risk factor was endemic[2] (9/10 cases; 90%). For Caucasians, the majority of individuals reported heterosexual activity with person(s) at increased risk of HIV (5/8; 63%).

Between January 1999 and December 2001, the majority of new HIV cases self-reported as Aboriginal (102/265 cases; 38%), Caucasian (85/265 cases; 32%) and African/African-American (26/265; 10%). These values increase to 45%, 37% and 11%, respectively, when cases with missing or unknown ethnicity are excluded (n=37). Similar patterns regarding the predominant modes of transmission were observed between 1999 and 2002. For Aboriginals, the most common transmission category included IDU (58/102 cases; 56%). The most commonly reported categories for Caucasians included heterosexual activity with person(s) at increased risk of HIV (34/85 cases; 40%) and MSM[3] (32/85 cases; 38%). For African/African-Americans, endemic was the most commonly self-reported risk factor (20/26 cases; 80%).

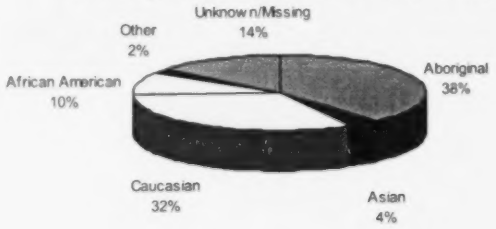
It is important to note that these data are self-reported and reflect individuals coming forward for testing. Misclassification may occur when the index case fails to self-identify, leading to under-representation. In addition, approximately 18% of HIV cases reported between January 1999 and June 2003 were incomplete due to missing or unknown information pertaining to ethnicity.

Despite these limitations, this information is important as it further characterizes at-risk populations to support targeted HIV prevention and planning initiatives. In addition, this information may be used to facilitate the allocation of resources for education and treatment programs within Regional Health Authorities, other health care jurisdictions and the province.

Percentage of New Positive HIV Cases by Ethnicity in Manitoba, January 2003 to June 2003 (N=42)



Percentage of New Positive HIV Cases by Ethnicity in Manitoba, January 1999 to December 2002 (N=265)



[1] Injection drug use.
[2] Persons originating from or who resided in countries with a high prevalence of HIV.
[3] Men having sex with men.

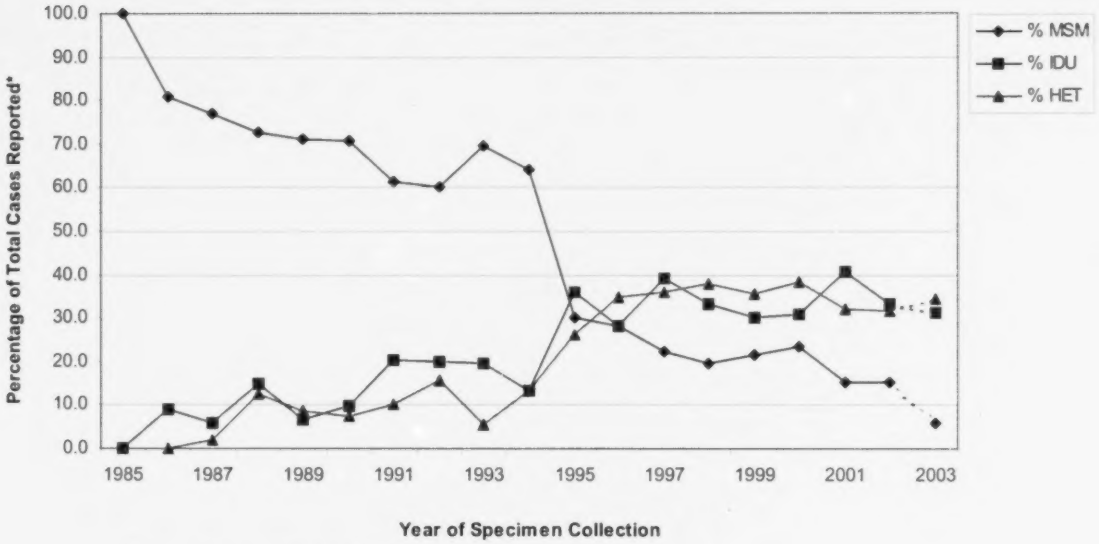
HIV Transmission Patterns

Of the 16 females tested HIV positive between January and June 2003, the predominant modes of transmission after excluding those with no identified risk (n=2; 13%), were endemic[4] (6/14 cases; 43%) and heterosexual activity with person(s) at increased risk of HIV (4/14; 29%). Of the 26 males, excluding those with no identified risk (n=5; 19%), the predominant modes of transmission included heterosexual activity with person(s) at increased risk of HIV (8/21; 38%) and IDU (7/21; 33%).

Table 4 (attached report) describes the mode of transmission for all HIV positive cases. When cases are reviewed from 1985 to June 2003, the most common transmission categories for females include heterosexual activity with person(s) at risk of HIV and IDU. For males, the primary modes of transmission include MSM, heterosexual activity with person(s) at risk of HIV and IDU (Figure 4, attached report).

In total, MSM, IDU and heterosexual activity with person(s) at risk of HIV represent roughly 90% of all HIV antibody positive individuals diagnosed between January 1985 and December 2002 (excluding cases with missing/unknown mode of transmission; n=46). There has been a substantial increase in IDU from 30% in 1999 to 41% in 2001 and then a decrease in 2002 to 35% (refer to graph below). Examined over time, it is evident that the proportion of individuals reporting MSM has declined since 1985 and dropped substantially in 1995. However, the *number* of new cases reporting MSM has remained relatively constant over the last five years, with an average of 13-15 cases per year, with the exception of 2001 and 2002 where there were only 9 and 10 cases, respectively. The proportion of cases reporting heterosexual activity with person(s) at increased risk of HIV has increased steadily since 1995 reaching a high of nearly 40% in 2000.

Risk Profile for HIV Positive Cases in Manitoba, January 1985 - June 2003



*Cases with no identified risk (NIR) were excluded from the denominator.
MSM is men having sex with men.
IDU is injection drug use and includes MSM/IDU.
HET is heterosexual activity with person(s) at increased risk of HIV.

[4] Endemic includes persons originating from or residing in countries with a high prevalence of HIV.

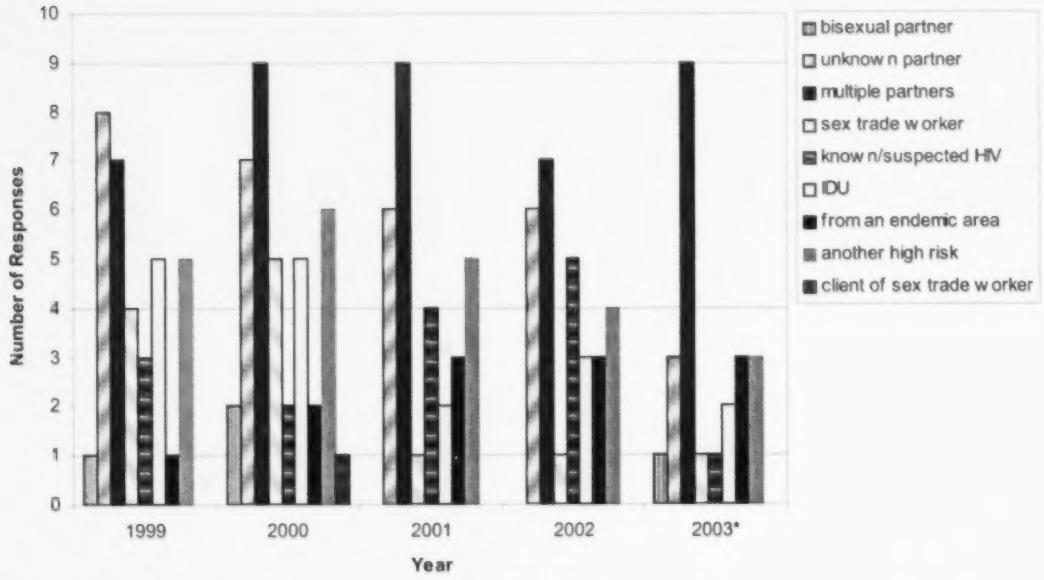
Heterosexual Contact with Person(s) at Risk of HIV

Between January and June 2003, heterosexual contact with person(s) at risk of HIV was reported as the primary mode of transmission for 12 cases. In 1999, 2000, 2001 and 2002 there were 25, 21, 19 and 21 cases, respectively.

In 1999, of those who reported heterosexual contact as their primary mode of transmission (n=25), the most commonly reported heterosexual contact category was heterosexual contact with an unknown partner (8/34 responses; 24%) and having heterosexual contact with multiple sex partners (7/34; 21%). Similar patterns were observed in 2000, 2001 and 2002, where the majority of these cases reported having heterosexual contact with multiple partners (23%, 30% and 24%, respectively) and unknown partners (18%, 20% and 21%, respectively). See figure below.

Although these data reflect individuals coming forward for testing and are subject to over- or under-reporting, they are helpful in identifying current trends. This information is critical to support and direct planning and prevention services within and across health care jurisdictions in Manitoba. Finally, the increase in HIV among heterosexuals over recent years may suggest that HIV testing is becoming more acceptable among this population. As a result, it may be timely to increase the targeted promotion of HIV testing among this group. Further, it is important that health care professionals offer HIV testing and counseling to individuals infected with a bacterial sexually transmitted disease (STD) or to those named as a contact to someone infected with a STD. Both the Provincial AIDS Strategy and Provincial STD Strategy provide goals and objectives to facilitate program planning and prevention strategies to reduce the risk and transmission of HIV and STD.

Heterosexual Contact with Person(s) at Risk of HIV, Manitoba, January 1999 - June 2003

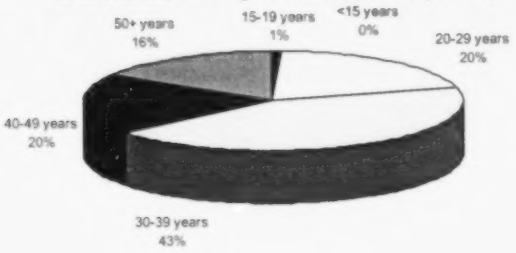


* Indicates cases identified to June 2003.
Note: Number of responses may not add up to the total number of individuals reporting heterosexual contact as their primary mode of transmission since all categories within this variable reported by each case are recorded.

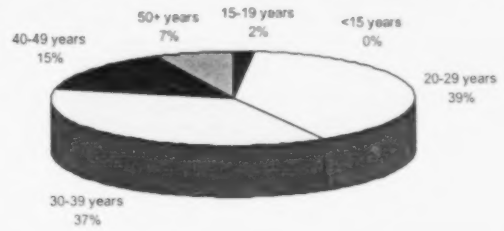
Age of HIV Positive Cases among MSM Risk Profile

Between January 1995 and June 2003, there was an increase in the age of HIV positive cases reporting MSM as the primary mode of transmission as compared to the earlier time period of 1985-1994. This is particularly evident for those individuals 30 years of age and older, where there was an observed increase, from 59% to 79%. Alternatively, there has been a decrease in cases aged 20 and younger, from 39% during 1985 to 1994 to 20% for the period 1995 to June 2003.

Age of HIV Positive Cases with MSM Risk Profile in Manitoba, January 1995 - June 2003 (N=106)



Age of HIV Positive Cases with MSM Risk Profile in Manitoba, January 1985 - December 1994 (N=322)

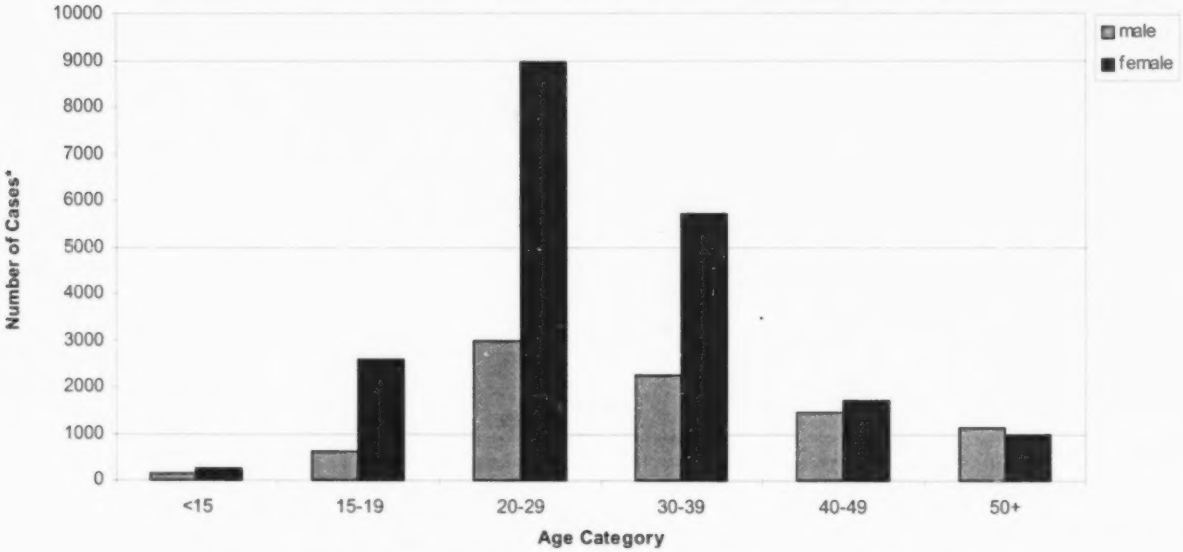


Confirmatory HIV Antibody Testing Data

Please note that testing data only cover to the end of 2002.

Cadham Provincial Laboratory conducts all HIV antibody testing in Manitoba. Data include those who are non-residents as well as those who did not have a Regional Health Authority recorded on the HIV test requisition. Of the laboratory testing requisitions, 169,588 tests were carried out between 1996 and 2002, ranging from 17,343 in 1996 to 29,188 in 2002. Data extracted from the laboratory's information system illustrate that the majority of those seeking testing in 2002 were between 20 and 39 years of age for both males (5,242/8,617 males; 61%) and females (14,656/20,207 females; 73%). This observation was also seen between 1996 and 2000 (refer to Appendix B). These data reflect the number of HIV antibody tests performed and may not necessarily reflect the total number of individuals who seek testing since an individual may be tested more than once.

Number of HIV Antibody Tests by Age and Gender, Manitoba, 2002

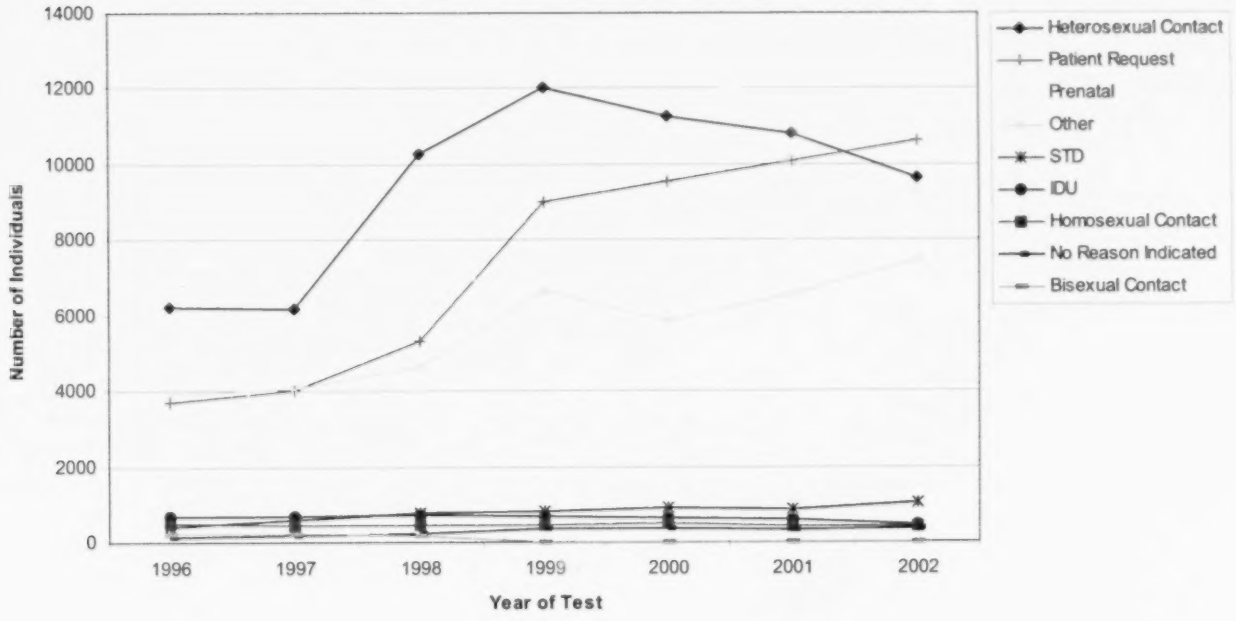


*Excludes bone marrow transplant patients, blood donors and where age was unknown (<2% of all tests).

As illustrated in the graph below, the two most common reasons for testing between 1996 and 2002 were patient request and heterosexual contact with person(s) at risk of HIV. However, in recent years, other reasons for testing have become more common, such as prenatal HIV testing. Although homosexual contact, injection drug use and STD, make up a small component of the total reasons for testing, this information is important in identifying testing trends, which consequently may aid in directing appropriate testing and prevention programs. Testing data for these particular categories have remained stable over the last 6 years (see Appendix B). It is important to note that although there has been an increase in the number individuals requesting HIV testing, these individuals are less willing to indicate their risk factor(s) for HIV infection. This is evident in the increased reporting of "patient request" and "other" categories.

Manitoba Health continues to focus on increasing the number of individuals seeking HIV antibody testing. By increasing these numbers, more individuals at risk of HIV can be reached. Those who seek testing but are not infected are educated on HIV and on how to prevent infection and those who seek testing and are infected can be educated on how to prevent transmission as well as being connected with care and treatment services more quickly. Currently, the HIV Testing Planing and Implementation Group is drafting a comprehensive plan to roll out 2001 Manitoba Advisory Committee on Infectious Diseases recommendations regarding provincial anonymous and nominal HIV testing.

Most Common Reasons for HIV Testing and Year, Manitoba, 1996-2002



Source: Cadham Provincial Laboratory Information System.
Note: The graph does not represent number of individuals, rather it reflects reasons for testing as reported on the requisition.
Note: There has been no hierarchy applied; all reasons for testing as reported on the requisition have been included in the graph.

AIDS – January 1985 to June 30, 2003

Between January 1 and June 30, 2003, 12 new cases of AIDS were reported; 7 cases were male and 5 cases were female. These reports bring the total number of cases to 218 since 1985 (Table 5, attached report). The number of reported AIDS cases has declined somewhat over recent years, due in part to early diagnosis and improved treatment of individuals with HIV infection. Seventy-six percent of individuals reported with AIDS have died. However, delays in reporting of both cases and deaths make it difficult to determine precisely the incidence and mortality rate.

APPENDIX A

Reporting of HIV and AIDS in Manitoba

In Manitoba, HIV testing is non-nominal. A prescribed patient code is assigned when a physician completes the appropriate requisition. This code includes the last two letters of the mother's maiden name, the patient's year of birth, day of birth, gender, regional health authority (as defined by number) and first three characters of the patient's postal code. Prior to August 1998, the former Manitoba Health region (as defined by letter) was assigned to identify the patient's region of residence. As well, postal code was not included.

All HIV antibody testing is carried out at the Cadham Provincial Laboratory (CPL). Positive test results are subsequently reported to the Director of Communicable Disease Control as required by the *Diseases and Dead Bodies Regulation, Public Health Act*. It has been the practice of Communicable Disease Control (CDC) Unit to enter case information into the HIV Database *after* the physician (requesting the test) has verified the test result as a new or existing case. However, there have been delays in the completion of and return of the *Notification of HIV Infection Form* (Appendix C) by health care professionals. Consequently, all HIV positive test results are considered new cases unless otherwise advised by the appropriate health care professional. This practice will avoid the under-reporting of HIV in Manitoba, although, duplicate cases may be included. The CDC Unit continues to work with Regional Health Authorities towards a satisfactory resolution in this regard. A collaborative effort between the Winnipeg Regional Health Authority and the CDC Unit, Manitoba Health has decreased the number of outstanding *Notification of HIV Forms* for 1999 to present.

Twice a year, line-listed data from the HIV Database are extracted and forwarded to the Centre for Infectious Disease Prevention and Control, Health Canada in Ottawa for inclusion within the national report, *HIV and AIDS in Canada*. Although non-nominal, the prescribed patient code is stripped prior to release. Instead, a sequential case number assigned by the database is used to distinguish one case from another.

Provincially and nationally, AIDS cases and deaths are reportable by physicians. A federal reporting form, the *AIDS Case Reporting Form*, is used for this purpose. New AIDS cases and deaths are reported to the Director of Communcable Disease Control and subsequently forwarded to the Centre for Infectious Disease Prevention and Control. The Centre works diligently with other provinces to ensure that there are no duplications in the counting of cases. The variations seen from previous reports with respect to the number of AIDS cases and deaths may be accounted for by delays in reporting as well as the fact that in Manitoba, the database is updated immediately once surveillance staff are notified that a particular case has been accounted for in another province.

APPENDIX B

Number of HIV Antibody Tests by Age and Gender, Manitoba, 1996-2002

GENDER	AGE GROUP	2002	2001	2000	1999	1998	1997	1996	TOTAL
Male	other*	377	319	312	138	35	42	48	***1271***
	<15	152	140	123	144	135	131	119	***944***
	15-19	611	611	610	558	569	597	516	***4072***
	20-29	2977	2728	2664	2684	2633	2544	2522	***18752***
	30-39	2268	2103	2121	2072	2102	2027	1940	***14633***
	40-49	1452	1311	1291	1310	1147	1114	988	***8613***
	50+	1112	1099	974	1117	918	763	745	***6728***
	Total	***8949***	***8311***	***8095***	***8023***	***7539***	***7218***	***6878***	***55013***
Female	other	77	90	70	63	30	23	32	***385***
	<15	238	238	242	238	162	243	173	***1534***
	15-19	2587	2360	2268	2258	2269	1934	1419	***15095***
	20-29	8951	7998	7552	7576	7144	6261	4453	***49935***
	30-39	5710	5019	4782	4931	4679	4031	2663	***31815***
	40-49	1694	1603	1495	1552	1281	1175	1078	***9878***
	50+	982	960	776	1207	720	641	647	***5933***
	Total	***20239***	***18268***	***17185***	***17825***	***16285***	***14308***	***10465***	***114575***
Total	other	454	409	382	201	65	65	80	***1656***
	<15	390	378	365	382	297	374	292	***2478***
	15-19	3198	2971	2878	2816	2838	2531	1935	***19167***
	20-29	11928	10726	10216	10260	9777	8805	6975	***68687***
	30-39	7978	7122	6903	7003	6781	6058	4603	***46448***
	40-49	3146	2914	2786	2862	2428	2289	2066	***18491***
	50+	2094	2059	1750	2324	1638	1404	1392	***12661***
	Total	***29188***	***26579***	***25280***	***25848***	***23824***	***21526***	***17343***	***169588***

Source: Cadham Provincial Laboratory Information System.

* Other refers to bone marrow transplant and donor patients tested as well where age was unknown.

HIV Antibody Testing Patterns by Reason for Testing and Year, Manitoba, 1996-2002*

Reason for Testing	2002	2001	2000	1999	1998	1997	1996	TOTAL
Heterosexual	9620	10782	11258	11998	10283	6157	6230	***66328***
Patient Request	10639	10063	9548	8994	5334	4027	3710	***52315***
Prenatal	9297	8031	7182	7264	6702	5219	1590	***45285***
Other	7475	6577	5856	6663	4618	4031	3925	***39145***
STD	1043	875	909	802	747	597	385	***5358***
IDU	440	565	632	681	719	675	669	***4381***
Homosexual	414	426	474	430	435	468	510	***3157***
No Reason Indicated	361	324	372	353	217	164	142	***1933***
Bisexual	2	0	2	14	163	206	206	***593***
Total*	***39291***	***37643***	***36233***	***37199***	***29218***	***21544***	***17367***	***218495***
Total Requisitions	***7973***	***7122***	***6903***	***7003***	***6781***	***6058***	***4603***	***46443***

Source: Cadham Provincial Information System
*There has been no hierarchy applied; all reasons for testing as reported on the requisitions have been included in the table.
**This total equals the number of individuals who reported a specific reason for testing and is not equivalent to the total number of requisitions since there may or may not be more than one reason indicated on a requisition.

NOTE:
Heterosexual reflects HET, MSP, SBM, SHP, SIV, SPG, SPR, SUP.
Patient request denotes those who request test and no risk is identified (TRP).
Prenatal reflects those who were tested as part of prenatal care (PRE).
Other reflects ACP, BLT, CLR, GLI, GLO, HPL, HRP, OFF, OIE, OTH, SAS and 18% of the total reasons for testing reported between 1996 and 2002; roughly 18% per year.
STD reflects individuals who were tested because they had a sexually transmitted disease.
IDU reflects those who reported injected drug use (IVD, BII, HOI).
Homosexual reflects HOM, MSM, HOI.
Bisexual reflects BIS, BII.

For acronym definitions, refer to the table entitled, "Laboratory Coding for HIV Testing Requisition".

Reasons for Testing (Transmission Categories) as Defined on the HIV Testing Requisition

GROUP	DESCRIPTION
ACP	accident/parentral exposure
BII	bisexual/IVDA
BIS	bisexual/IVDA
BLT	blood/blood product recipient
CLR	clotting factor recipient
GLI	global/IVDA
GLO	global endemic
HET	heterosexual
HOI	homosexual/IVDA
HOM	homosexuals
HPL	hemophiliacs
HRP	high risk partner
IVD	IVDA
MSM	men who have sex with men
MSP	multiple sex partners
OFF	offspring
OIE	other injury exposure (splashes, bites)
OTH	other risks
PRE	prenatal
SAS	sexual assault
SBM	sex contact with bisexual male
SHP	sex with HIV positive person
SIV	sex with IVDA person
SPG	sex with person from global endemic area
SPR	sex with prostitute
STD	current sexually transmitted disease
SUP	sex with unknown partner
TRP	patient request - no risk identified
NO REASON	no reason indicated

APPENDIX C

NOTIFICATION OF HIV INFECTION (Form prescribed pursuant to subsection 43(2) The Public Health Act: P210)

DESIGNATED PATIENT CODE _____ **PHYSICIAN NAME**

_____

(As per CPL requisition: Last two initials of mother's maiden name; year of birth; day of birth; gender; RHA of residence code; 3-digit forward sortation postal code)

LABORATORY REQUISITION NUMBER _____ **SPECIMEN DATE** _____/_____/_____
yyyy mm dd

PRINCIPAL REASON FOR TEST (ONE ONLY)
- ☐ Requested by patient (no risk identified)
- ☐ Risk factor present (asymptomatic)
- ☐ Symptomatic ☐ STD work-up
- ☐ Travel ☐ Insurance
- ☐ Prenatal
- ☐ Other (specify) _____

GENDER ☐ Male ☐ Female ☐ Trans-gender

If female, pregnant? ☐ Yes ☐ No
Receiving anti-retroviral drug(s)? ☐ Yes ☐ No

M/S ☐ Unmarried ☐ Married/CL ☐ S/D/W

COUNTRY OF BIRTH
☐ Canada ☐ Other _____
If other, year of arrival in Canada _____

ETHNICITY
☐ Caucasian ☐ African/African-American
☐ Aboriginal ☐ Asian
Other _____

If aboriginal, treaty status: ☐ Treaty ☐ Non-treaty
Band number: _____

CLINICAL STATUS

Are HIV-related symptoms present? ☐ Yes ☐ No

Does the patient have AIDS? ☐ Yes ☐ No

PAST HISTORY

1) Previous HIV testing? ☐ Yes ☐ No ☐ Unknown
If yes:
Date of most recent negative test: _____
Date of first positive test: _____

2) History of STD ever ☐ Yes ☐ No

3) STD in past 3 months ☐ Yes ☐ No

4) Previous blood or tissue donation ☐ Yes ☐ No

If yes, most recent date _____

Location _____

RISK INFORMATION
(Since 1978; check all client characteristics that apply)

	Yes	No	Unk.
1) Has had sex with:			
A male	☐	☐	☐
A female	☐	☐	☐
2) Has had heterosexual sex with:			
A bisexual partner	☐	☐	☐
An unknown partner	☐	☐	☐
Multiple sex partners	☐	☐	☐
A sex trade worker	☐	☐	☐
A client of a sex trade worker (i.e. patient is a sex trade worker)	☐	☐	☐
A person with known/suspected HIV	☐	☐	☐
An injection drug user	☐	☐	☐
A person from an HIV endemic area	☐	☐	☐
Another high risk partner	☐	☐	☐
3) Has used needles for recreational (non-medical) drug injection	☐	☐	☐
4) Has received blood or blood products a) Prior to Nov. 1985	☐	☐	☐
b) After Nov. 1985	☐	☐	☐
5) Has received blood or blood products for treatment of a coagulation disorder			
a) Prior to Nov. 1985	☐	☐	☐
b) After Nov. 1985	☐	☐	☐
6) Has been exposed to HIV in an occupational setting (e.g. needlestick injury)	☐	☐	☐
7) Born to an HIV positive mother	☐	☐	☐
8) Born in or resident of an HIV-endemic country	☐	☐	☐

9) Has had: ☐ **tattoo**
☐ **body piercing**
☐ **acupuncture**
☐ **blood contact from bite, altercation, etc.**

10) Other exposure which could have been source of HIV infection, specify _____

11) No identifiable risk factor ☐

Interview for partners at risk to be done by: Physician Yes ☐ No ☐ Public Health Nurse Yes ☐ No ☐

If by public health nurse, physician must first obtain informed consent from client. Has informed consent been obtained? ☐ Yes ☐ No

CONTACT INFORMATION ON PARTNERS TO BE FOLLOWED BY PUBLIC HEALTH:

Name _____ Home tel _____ Work tel _____
Alias _____ Sex ☐ F ☐ M
Address _____ Postal Code _____ Age/Birth date _____
Occupation _____ Place of Employment/School _____
☐ Live-In Partner ☐ Single Other_____ Lives with ☐ Parents ☐ Informant ☐ Other
Characteristics: Height_____ Wt._____ Eye Colour_____ Hair_____ Complexion _____
Sexual Exposure: (First)_____ To_____(Last) Parenteral(First)_____ To_____(Last)
Notified: Yes ☐ Date _____ No ☐ By Whom _____

Manitoba Health Statistical Update on HIV/AIDS

CDC Unit
Public Health Branch
Manitoba Health

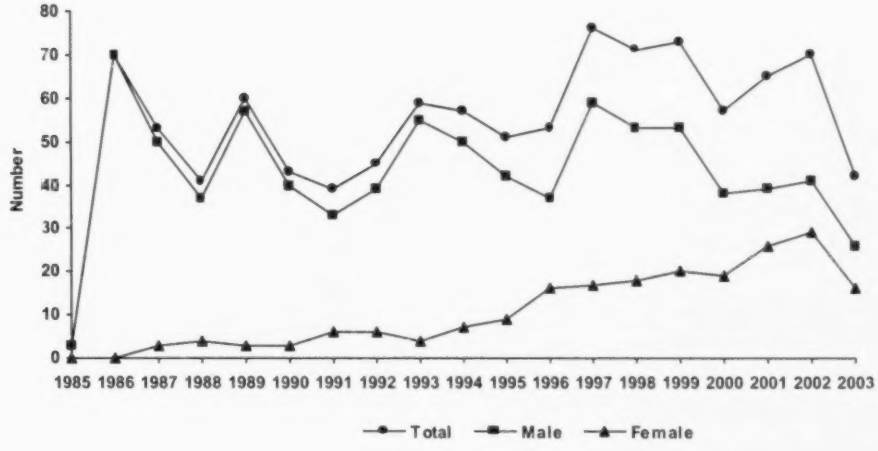
MANITOBA HEALTH

Table 1. NUMBER OF INDIVIDUALS TESTING HIV ANTIBODY POSITIVE, 1985-2003*

Year	Male	Female	Total
1985	3	0	3
1986	70	0	70
1987	50	3	53
1988	37	4	41
1989	57	3	60
1990	40	3	43
1991	33	6	39
1992	39	6	45
1993	55	4	59
1994	50	7	57
1995	42	9	51
1996	37	16	53
1997	59	17	76
1998	53	18	71
1999	53	20	73
2000	38	19	57
2001	39	26	65
2002	41	29	70
2003	26	16	42
Total	**822**	**206**	**1028**

* to 06/30/2003

Figure 1. NUMBER OF INDIVIDUALS TESTING HIV ANTIBODY POSITIVE, 1985-2003*



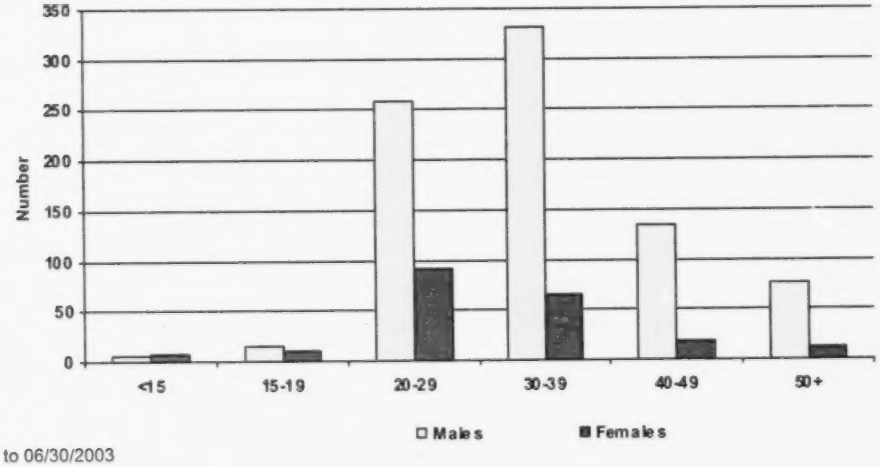
* to 06/30/2003

Table 2. NUMBER OF INDIVIDUALS TESTING HIV ANTIBODY POSITIVE BY AGE AND GENDER, 2003*, 2002, CUMULATIVE 1985-2001 AND 1985-2003* 2003*, 2002, CUMULATIVE 1985-2001 AND 1985-2003*

Age	Gender	2003*	2002	1985-2001	1985-2003*
		JAN-JUN	Total	Total	Total
<15	M	0	0	6	6
	F	2	1	4	7
15-19	M	0	1	14	15
	F	0	2	9	11
20-29	M	6	5	248	259
	F	7	9	75	91
30-39	M	11	16	304	331
	F	5	14	47	66
40-49	M	8	11	115	134
	F	1	1	17	19
50+	M	1	8	68	77
	F	1	2	9	12
Total	M	26	41	755	822
	F	16	29	161	206

* to 06/30/2003

Figure 2. NUMBER OF INDIVIDUALS TESTING HIV ANTIBODY POSITIVE BY AGE AND GENDER, 1985-2003* 1985-2003*



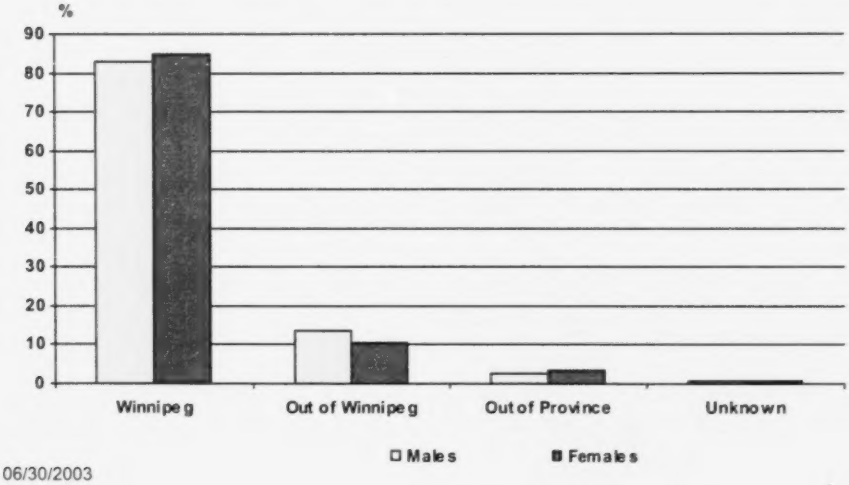
* to 06/30/2003

Table 3. NUMBER OF INDIVIDUALS TESTING HIV ANTIBODY POSITIVE BY GEOGRAPHIC RESIDENCE AND GENDER, 2003*, 2002, CUMULATIVE 1985-2001 AND 1985-2003*

Geographic Residence	Gender	2003*	2002	1985-2001	1985-2003*
		JAN-JUN	Total	Total	Total
Winnipeg	M	20	34	628	682
	F	15	26	134	175
Brandon	M	0	0	1	1
	F	0	1	0	1
Assiniboine	M	0	0	1	1
Brandon, Assiniboine	M	0	0	18	18
	F	0	0	1	1
N. Eastman	M	0	1	2	3
	F	0	0	1	1
S. Eastman	M	0	1	1	2
N. Eastman, S. Eastman	M	0	0	11	11
	F	0	0	2	2
Interlake	M	1	0	26	27
	F	0	2	3	5
Central	M	0	4	27	31
	F	0	0	8	8
Parkland	M	0	0	5	5
	F	0	0	1	1
Norman	M	0	1	4	5
	F	0	0	1	1
Burntwood	M	1	0	6	7
	F	0	0	2	2
Unknown	M	4	0	3	7
	F	1	0	1	2
Out of Province	M	0	0	22	22
	F	0	0	7	7
Total	M	26	41	755	822
	F	16	29	161	206

* to 06/30/2003

Figure 3. PERCENTAGE OF HIV POSITIVE INFECTIONS IN MANITOBA BY REGION OF RESIDENCE AND GENDER, 1985-2003* 1985-2003*



* to 06/30/2003

Table 4. NUMBER OF INDIVIDUALS TESTING HIV ANTIBODY POSITIVE BY TRANSMISSION CATEGORY AND GENDER, 2003*, 2002, CUMULATIVE 1985-2001 AND 1985-2003*

Transmission Category	Gender	2003*	2002	1985-2001	1985-2003*
		JAN-JUN	Total	Total	Total
MSM	M	2	10	416	428
MSM/IDU	M	1	0	47	48
Heterosexual'	M	8	12	114	134
	F	4	9	66	79
IDU	M	7	12	95	114
	F	3	10	59	72
Perinatal	M	0	0	2	2
	F	0	0	1	1
Recp B/B products	M	0	2	28	30
	F	1	0	8	9
Endemic"	M	3	2	22	27
	F	6	9	16	31
NIR	M	5	3	31	39
	F	2	1	11	14
Total	M	26	41	755	822
	F	16	29	161	206

MSM = men having sex with men

IDU = injection drug use

Recp B/B products = recipient of blood/blood product

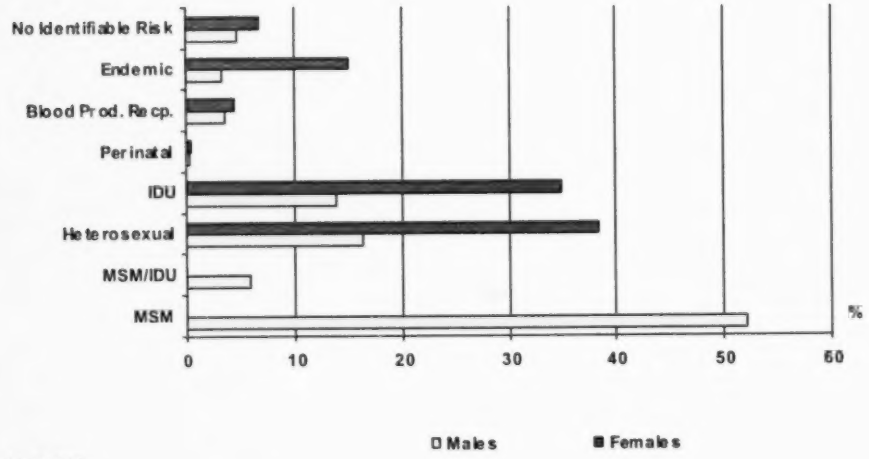
NIR = No Identified Risk

' Heterosexual activity includes persons reporting heterosexual activity with person(s) at risk of HIV infection

" Endemic includes persons originating from or residing in countries with a high prevalence of HIV

* to 06/30/2003

Figure 4. PERCENTAGE OF HIV POSITIVE INFECTIONS IN MANITOBA BY TRANSMISSION CATEGORY, 1985-2003* 1985-2003*



* to 06/30/2003

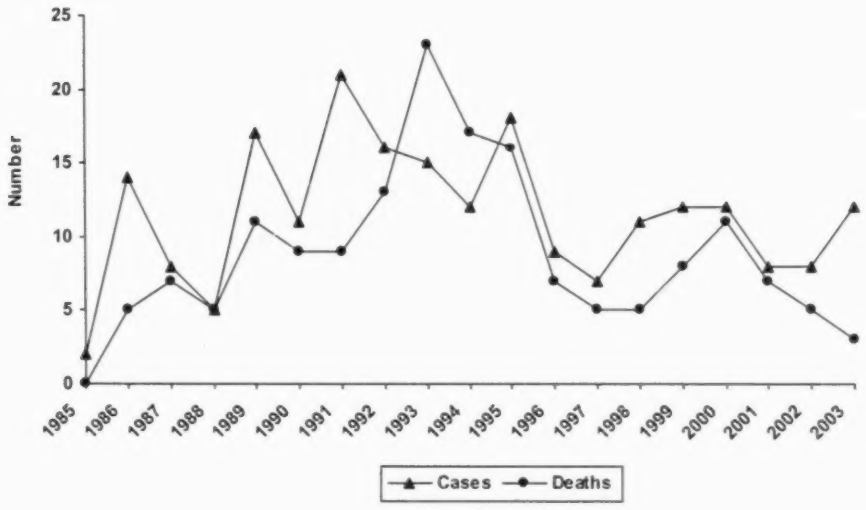
Table 5. NUMBER OF REPORTED AIDS CASES AND DEATHS, 1985-2003*

Year	Cases Reported"	Deaths Reported"
1985	2	0
1986	14	5
1987	8	7
1988	5	5
1989	17	11
1990	11	9
1991	21	9
1992	16	13
1993	15	23
1994	12	17
1995	18	16
1996	9	7
1997	7	5
1998	11	5
1999	12	8
2000	12	11
2001	8	7
2002	8	5
2003	12	3
Total	218	166

" Because of delays in reporting, the number of reported cases and deaths does not necessarily represent the number c cases diagnosed or deaths occuring during the period.

* to 06/30/2003

Figure 5. NUMBER OF REPORTED AIDS CASES AND DEATHS, 1985-2003*



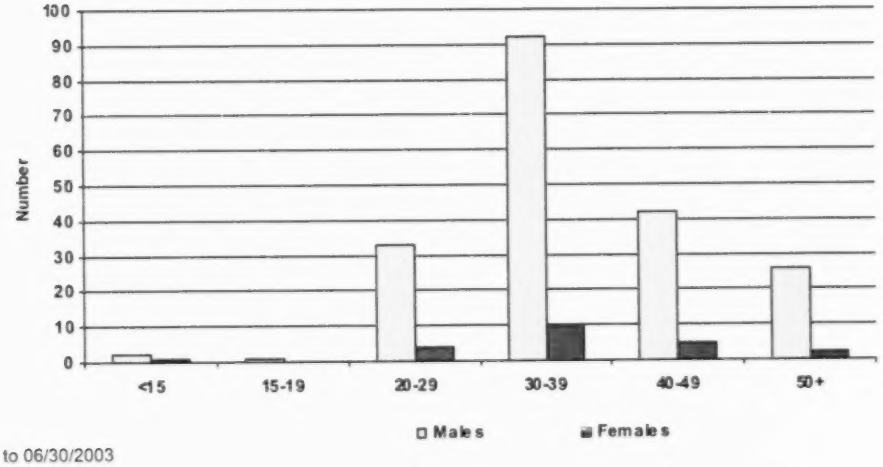
* to 06/30/2003

Table 6. NUMBER OF REPORTED CASES OF AIDS BY AGE AND GENDER, 2003*, 2002, CUMULATIVE 1985-2001 AND 1985-2003* 2003*, 2002, CUMULATIVE 1985-2001 AND 1985-2003*

Age	Gender	2003*	2002	1985-2001	1985-2003*
		JAN-JUN	Total	Total	Total
<15	M	0	0	2	2
	F	0	0	1	1
15-19	M	0	0	1	1
20-29	M	1	0	32	33
	F	1	0	3	4
30-39	M	5	3	84	92
	F	3	1	6	10
40-49	M	0	4	38	42
	F	1	0	4	5
50+	M	1	0	25	26
	F	0	0	2	2
Total	M	7	7	182	196
	F	5	1	16	22

* to 06/30/2003

Figure 6. NUMBER OF REPORTED CASES OF AIDS BY AGE AND GENDER, 1985-2003* 1985-2003*



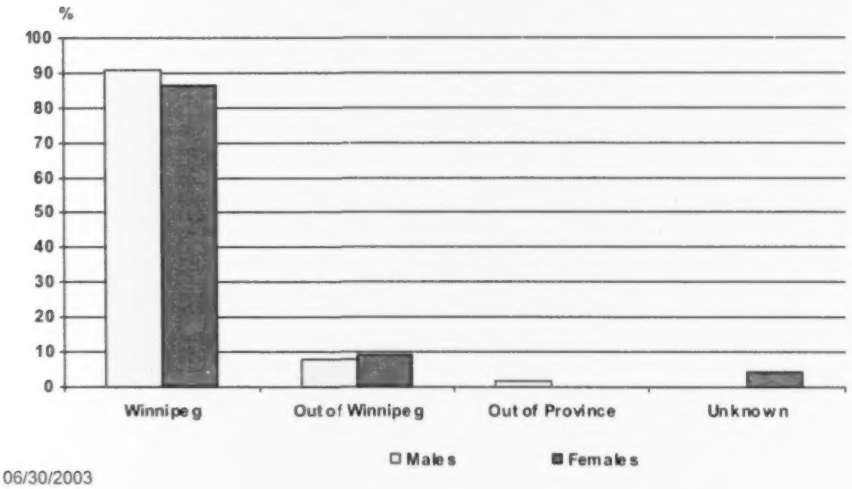
* to 06/30/2003

Table 7. NUMBER OF REPORTED CASES OF AIDS BY GEOGRAPHIC RESIDENCE AND GENDER, 2003*, 2002, CUMULATIVE 1985-2001 AND 1985-2003* 2003*, 2002, CUMULATIVE 1985-2001 AND 1985-2003*

Geographic Residence	Gender	2003*	2002	1985-2001	1985-2003*
		JAN-JUN	Total	Total	Total
Winnipeg	M	7	6	165	178
	F	4	1	14	19
Brandon	M	0	0	3	3
Assiniboine	M	0	0	3	3
S. Eastman	M	0	0	1	1
Interlake	M	0	0	3	3
Parkland	M	0	0	3	3
	F	0	0	1	1
Norman	M	0	1	0	1
Burntwood	M	0	0	1	1
Chirchill	F	0	0	1	1
Unknown	F	1	0	0	1
Out of Province	M	0	0	3	3
Total	M	7	7	182	196
	F	5	1	16	22

* to 06/30/2003

Figure 7. PERCENTAGE OF AIDS CASES IN MANITOBA BY REGION OF RESIDENCE AND GENDER, 1985-2003* 1985-2003*



* to 06/30/2003

Table 8. NUMBER OF REPORTED CASES OF AIDS BY TRANSMISSION CATEGORY AND GENDER, 2003*, 2002, CUMULATIVE 1985-2001 AND 1985-2003* 2003*, 2002, CUMULATIVE 1985-2001 AND 1985-2003*

Transmission Category	Gender	2003*	2002	1985-2001	1985-2003*
		JAN-JUN	Total	Total	Total
MSM	M	1	3	125	129
MSM/IDU	M	1	0	9	10
Heterosexual'	M	1	2	21	24
	F	1	0	11	12
IDU	M	3	2	10	15
	F	4	1	2	7
Perinatal	M	0	0	1	1
	F	0	0	1	1
Recp B/B products	M	1	0	14	15
	F	0	0	2	2
NIR	M	0	0	2	2
Total	M	7	7	182	196
	F	5	1	16	22

MSM = men having sex w ith men

IDU = injection drug use

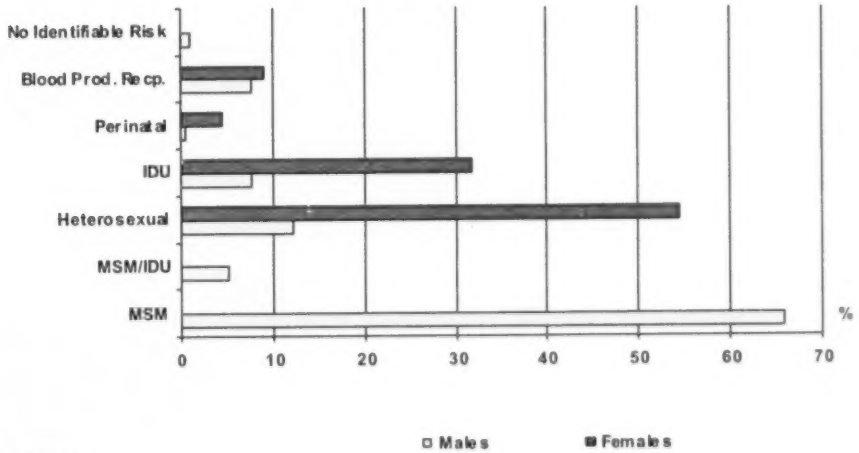
Recp B/B products = recipient of blood/blood product

NIR = No Identified Risk

' Heterosexual activity includes persons reporting heterosexual activity w ith person(s) at risk of HIV infection

* to 06/30/2003

Figure 8. PERCENTAGE OF AIDS CASES IN MANITOBA BY TRANSMISSION CATEGORY AND GENDER, 1985-2003* 1985-2003*



* to 06/30/2003

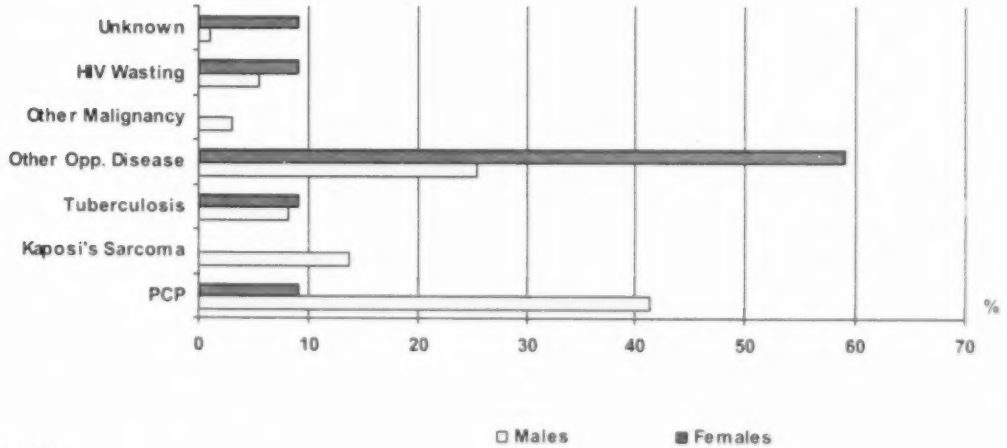
Table 9. NUMBER OF REPORTED CASES OF AIDS BY PRIMARY DIAGNOSIS AND GENDER, 2003*, 2002, CUMULATIVE 1985-2001 AND 1985-2003* 2003*, 2002, CUMULATIVE 1985-2001 AND 1985-2003*

Primary Diagnosis	Gender	2003*	2002	1985-2001	1985-2003*
		JAN-JUN	Total	Total	Total
PCP	M	1	5	75	81
	F	0	0	2	2
Kaposi's Sarcoma	M	0	0	27	27
Tuberculosis	M	4	0	12	16
	F	2	0	0	2
Other Opportunistic Diseases	M	1	2	47	50
	F	1	0	12	13
Other Malignancy	M	0	0	6	6
HIV Wasting	M	0	0	11	11
	F	0	0	2	2
HIV Encephalopathy	M	1	0	2	3
	F	1	0	0	1
Unknown	M	0	0	2	2
	F	1	1	0	2
Total	M	7	7	182	196
	F	5	1	16	22

PCP = pneumocystis carinii pneumonia

* to 06/30/2003

Figure 9. PERCENTAGE OF AIDS CASES IN MANITOBA BY PRIMARY DIAGNOSIS, 1985-2003* 1985-2003*



* to 06/30/2003